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**CONFIRMATION NO. 8537**

<b>SERIAL NUMBER</b> 09/877,223	<b>FILING DATE</b> 06/08/2001  <b>RULE</b>	<b>CLASS</b> 356	<b>GROUP ART UNIT</b> 2877	<b>ATTORNEY DOCKET NO.</b> 116-010872
<b>APPLICANTS</b> Kazuhiro Honda, Tokyo, JAPAN;				
<b>** CONTINUING DATA *****</b> <div style="text-align: right; margin-right: 50px;"><i>NOVO 41</i></div>				
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 2000-180851 06/16/2000 <span style="float: right;"><i>47</i></span>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/07/2001</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <span style="float: right;"><i>WT</i></span> <div style="display: flex; justify-content: space-between;"> <span><i>[Signature]</i></span> <span>Examiner's Signature</span> <span>Initials</span> </div>		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 10
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> David C. Hanson WEBB ZIESENHEIM LOGSDON ORKIN & HANSON, P.C. 700 Koppers Building 436 Seventh Avenue Pittsburgh, PA 15219				
<b>TITLE</b> Instrument and method for metrology				
<b>FILING FEE RECEIVED</b> 1110	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> All Fees</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.16 Fees ( Filing )</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.18 Fees ( Issue )</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> Other _____</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Credit</div>		